

OFFICIAL FILE

ORIGINAL

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Docket No.

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

UCN, Inc.

Application for certificates of
local authority to operate
as a reseller and facilities
based carrier of local telecommunications
services throughout the
State of Illinois.

04-0688

CHIEF CLERK'S OFFICE

2004 NOV 10 A 11:23

ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 87-0528557

UCN, Inc.

Address: Street 14870 South Pony Express Road

City Bluffdale State/Zip Utah, 84065

2. Authority Requested:

☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

☐ Other

Explanations and support for each waiver/variance request are set forth in Appendix A in response to Question 1.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

See attached Appendices A, B, C & D

5. In what area of the state does the Applicant propose to provide service?

Resold and Facilities-Based Local Exchange – Throughout the State of Illinois or to the extent facilities and/or resale tariffs of UCN's wholesale suppliers permit.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Contact information set forth in Attachment 1.

7. Please check type of organization?

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	Date corporation was formed <u>March 15, 1999</u>
<input type="checkbox"/> Other (Specify)	In what state? <u>Delaware</u>

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Attachment 2.

9. List jurisdictions in which Applicant is offering service(s).

UCN currently holds a certificate of authority or is otherwise registered and authorized to provide resold interexchange services throughout the contiguous U.S. and Hawaii. UCN (formerly, Buyers United, Inc., d/b/a buyersonline, d/b/a United Carrier Networks) was issued a Certificate of Interexchange Authority by the Illinois Commerce Commission in Docket No. 03-0273 entered September 4, 2003. UCN notified the Commission of its name change on September 8, 2004 and filed tariff revisions reflecting the company's new name on September 10, 2004. UCN is in the process of expanding its existing authority in each of the contiguous U.S. and Hawaii to permit

the offering of local exchange telecommunications services and anticipates completing the process by mid-2005.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

☒ YES ☐ NO

If YES, please list. Buyers United, Inc., buyersonline, and United Carrier Networks.
UCN (formerly, Buyers United, Inc., d/b/a buyersonline, d/b/a United Carrier Networks) was issued a Certificate of Interexchange Authority by the Illinois Commerce Commission in Docket No. 03-0273 entered September 4, 2003. On June 15, 2004, Applicant's Board of Directors approved a name change from Buyers United, Inc. to UCN, Inc. Applicant notified the Commission of the name change on September 8, 2004 and filed tariff revisions reflecting the new name on September 10, 2004.

13. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO
If NO, permission pursuant to 83 Ill. Adm. Code Part 250 needs to be requested.

See Attachment 3.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Attachment 4.

15. List officers of Applicant.

See Attachment 5.

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

See Attachment 6.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

See Attachment 7.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO
20. What telephone number(s) would a customer use to contact your company?

Toll Free Customer Service: 1-800-669-3319

Toll Free Office: 1-866-541-0000

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

See Attachment 8.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

Applicant will abide by all of the 83 Illinois Administrative Code Parts pertaining to Competitive Local Exchange and Carrier Services. It should be noted that Applicant is requesting waivers for Part 710 and Part 735.180 of said code for local exchange service.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attachment 9.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

By this Application, UCN seeks additional authority to allow the company to offer existing and prospective customers resold and/or limited facilities-based competitive local exchange telecommunications services. Applicant seeks authority to provide these services throughout the entire state of Illinois, or to the extent the facilities of its underlying carriers permit. The resold and facilities-based local exchange services Applicant proposes to offer include business class local loop connectivity and transmission. These services will initially be provided through commercial resale or leasing agreements with facilities-based competitive suppliers, including AT&T, MCI, and Level 3. Applicant reserves the ability to resell or lease network elements from incumbent local exchange carriers in the future, as the market for its services dictates.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

See Attachment 10.

28. Will technical personnel be available at all times to assist customers with service problems?

X YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO N/A


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Utah)
)
County of Salt Lake) ss

Paul Jarman makes oath and says that he is President of UCN, Inc.

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Paul Jarman
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Kimm E. Partridge
(Title of person authorized to administer oaths)

in the State and County above named, this 5 day of November, 2004.

Kimm E. Partridge
(Signature of person authorized to administer oath)

